

Case Number:	CM14-0017672		
Date Assigned:	04/16/2014	Date of Injury:	01/31/2009
Decision Date:	06/02/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old male who reported an injury on 01/31/2009. The diagnoses are status post carpal tunnel and De Quervain's release, right shoulder impingement, cervical disc herniation, cubital tunnel syndrome, right upper extremity reflex sympathetic dystrophy, and depression with anxiety and sleep disturbance. The injured worker was evaluated on 02/25/2014 for reports of 6/10 neck pain, 6/10 right hand pain with numbness and tingling, 6/10 right shoulder pain, and anxiety with sleep difficulty. The exam noted positive Phalan's sign, diminished light touch of the right median nerve. The range of motion of the right wrist was extension at 55 degrees and flexion at 45 degrees. The right shoulder was positive for impingement sign and muscle spasm. The treatment plan indicated medication therapy plan and consultations with various specialists.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Prilosec for patients at risk of gastrointestinal events or cardiac disease who are currently prescribed NSAIDs. There is no evidence in the documentation provided for review of the injured worker's risk of gastrointestinal events or cardiac disease. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.